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REPORT
ON
MEDICARE
TO

Ontario Federation of Labour
Convention

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REPORT on MEDICARE

TO THE SIXTH CONVENTION
ONTARIO FEDERAION OF LABOUR:—

The struggle for a comprehensive MEDICARE program for all citizens of Ontario and Canada is one which must be given top priority by all in the trade union movement. The implementation of the Saskatchewan plan and the hearings of the Royal Commission on Health Services have brought this matter to the fore this past year.

The position of the labour movement in the province of Ontario was stated to the Royal Commission on Health Services by the Ontario Federation of Labour in our submission in May, 1962, and we quote:

"The concern of organized labour has been not only to enable workers to meet the financial demands of illness, but to promote an economic and social climate conducive to good health. In our view health services, despite their apparently unique problems and challenges, are very much a part of the emerging pattern of social services, pensions, income protection, and other forms of social organization through which we hope to achieve a maximum degree of health in its broadest sense."

"We hold, as we have for many years, that it is only through public measures that well-organized and high-quality health services and facilities can be made available to all Canadians regardless of individual financial means."

Social Welfare

Over the years the appeal of the trade union movement for better and more social security measures has slowly but surely borne fruit. Ontario today, along with the rest of Canada, has laid the groundwork for a comprehensive social security program which could equal the best in the world.

But in recent years the struggle to plug the gaps in the program has become more difficult. While it is true that the majority of Canadian opinion now shares trade union views on social security, this has not made the task much easier. But it has made it more urgent.

It is of particular urgency for the citizen of Ontario. This most populous and richest province should be leading the way for the rest of Canada. Unfortunately we are not doing so. We are leaving it to other, less fortunate provinces to provide the leadership and set the example and then sometimes, laggardly, reluctantly, and hesitantly follow. This was true with the Ontario Hospital Plan which was delayed for a dozen years after the Saskatchewan plan had proved successful. It would be a tragic reflection on the leadership of this province if we lag so far behind in instituting a provincial prepaid medical care program.

No one could seriously disagree with the view that the logical development would be a nationwide health plan sponsored at the federal level. If such a step were not too long delayed, that is, if it were proceeded with within the next two or three years with the interval being used for planning and preparing for universal coverage, this Federation would urge the provincial government to co-operate with the federal government in every way to see that such a plan is inaugurated on the best possible basis.

The absence of any mention of Medicare in the recent speech from the throne, and the fact that to date the Royal Commission on Health Services has not as yet reported makes it highly unlikely that we will get any action from the federal government in the foreseeable future. Therefore, our hope must lie with the provincial government.

In these circumstances we urge that action be taken at the provincial level.

Provincial Action

It is the opinion of the Federation that this province has the resources to make a beginning on a prepaid health care program for all its citizens which would improve the quality of medical care, provide more equitable distribution of services and of the cost of such services.

It is our opinion that good health is as important to the welfare of a nation as good education and should be provided as freely and as painstakingly. It is not enough, even in a free society, to leave each individual or family to provide for their own health needs because the poor health of one can endanger the health of many, and does. This principle is fully recognized in our already well-established public health services, federal, provincial and municipal.

It is true that trade unionists have taken the initiative and won medical-surgical and other benefits through their union contracts. But it is this very experience with contracts written with private insurance carriers or even with semi-private services like Physicians' Services Inc. that has convinced us that a prepaid public health plan is the only adequate solu-

tion. And if our members who have coverage better than most of the population, are still inadequately covered and overcharged, how much more urgent is the need for prepaid services for the rest of the community, apart from the well-to-do?

Failing early action by a federal government, this Federation representing almost unanimous opinion in the trade union movement on this point urges that a prepaid health insurance program be initiated at the provincial level, and advanced by stages until a comprehensive program has been established. The Ontario Hospital plan was the first step in this direction. A full Medicare program must be the next step, and must not be allowed to be circumvented, undermined or sabotaged either by political parties, commercial interests, professional organizations or other vested interests.

Any fully satisfactory plan which would meet the requirements of all the people in this province must measure up to these important basic requirements:

1) The health needs of our people can best be looked after by a public health care program.

2) Such a public health care program should be comprehensive in scope, that is, it should provide health care in the fullest sense of the term. Services should include the prevention, diagnosis and treatment of illness, the rehabilitation of those disabled by illness or accident, and the provision of drugs and appliances.

3) The program should be universally available without regard to means.

4) It should seek to provide health care of the highest quality.

5) It should be equitably financed, and free of any co-insurance, deductible or other financial deterrents against full use.

6) It should be organized to provide optimum distribution and coordination of the various types of health services, agencies and personnel.

7) It should include an appeals procedure.

8) It should provide for an advisory council as part of its administrative structure, such council being representative of the interests of those who use as well as those who provide the health care services.

9) It should take the necessary steps to fill existing needs in health care personnel, professional as well as technical, and facilities to make comprehensive health care available in every part of the province.

10) Its administration should preclude control or undue influence by any interest group.

The Question of Costs

A great deal of nonsense has been heard on the question of the costs of a comprehensive health program. This question is of course important. But it is also important to consider what the public gets for its money today and what it could get under a universal plan.

The progress of social security measures has always been impeded by those critics who scare the public by screaming "we can't afford it". But as every measure from workmen's compensation in 1910 to old age pensions in 1926 to the hospital plan in 1960 has proved, the real point is that "*we can't afford to be without them*".

The cost of medical-surgical care &c. is not a new cost. It is now costing the community many millions of dollars. The real problem is that the heaviest burden falls on the sick and very often those who can least afford it.

The major cost of a comprehensive plan will be covered, not by new money, but by transferring expenditures already being made by individuals or by group plans into a national or provincial prepaid scheme which will provide, with relatively little increase in costs, a much more orderly, efficient and adequate plan for everybody.

Originally the opponents of government health plans charged that the Saskatchewan hospital plan would be exorbitant. Time proved otherwise. Today the combination of the Saskatchewan hospital plan and the Saskatchewan Medicare program together are charging a premium of only \$3 a month for a single person, and \$6 a month per family.

The balance of the cost of the plan not covered by premiums is being met from revenues. What is possible in a province of relatively low income like Saskatchewan can most assuredly be comfortably met by a province as rich as Ontario.

But it should be borne in mind that any increase in costs of a public plan over the private plans will be going to provide better services, in all parts of the province and for all income groups, for people of all ages without discrimination.

It is not money which is today the barrier to health care. It is the private interests who make money out of it.

Group Practice

There could no doubt be many improvements both in cost and quality of service in the whole field of medical care. One of these improvements which has proven a success in the U.S.A. and other countries of the world is in group practice of medicine.

It is worth noting here that the Co-Operative Medical Services Federation, representing 29 County Medical Co-operatives covering 250,000 people in rural Ontario, recently held its 17th annual meeting in Kitchener and featured the discussion of prepaid group practice health plans.

Unions in both U.S.A. and Canada have been strong supporters of group practice. Evidence of this is to be found in the construction of Canada's first union-sponsored, comprehensive medical care centre in Sault Ste. Marie. This undertaking is worthy of attention and commendation by the entire labour movement. This \$800,000 centre being built by the big Steelworkers' Locals in the Sault area will provide a broad range of preventive, diagnostic and medical services for 20,000 people with a fulltime staff of between 15 and 20 physicians and specialists.

At the ground-breaking ceremony, Dr. John Hastings, associate professor of public health and preventive medicine at the University of Toronto, made these comments: "Group practice means regular consultation and a sharing of experience, patients and facilities among members of the group. This pattern can reduce the division between the general practitioner and the specialist, reduce the trend toward fragmentation of patient care and bring to bear the full resources of modern medicine on the patients' care in a co-operative and co-ordinated fashion."

This statement points up the advantages of group practice which could become an important part of any government-sponsored health insurance plan.

The trade union movement commends our fellow trade unionists in Sault Ste. Marie for their leadership.

We would also heartily commend the Toronto and District Labour Council for publishing an excellent report on a Medical Care Plan for Toronto, featuring group practice.

Opposition to Medicare

The logic of a government-sponsored prepaid plan is unanswerable. Its value has been proved in many countries of the world. But opposition to it in the province of Ontario is still formidable. One of the major obstacles to be overcome is that the present government just doesn't believe in the kind of plan that would satisfy organized labour.

While organized medicine has been the spearhead of the opposition to Medicare and their action in the Saskatchewan dispute did much to discredit the medical profession, it is important to understand that there are a great number of doctors who don't support the position taken on this subject by the Medical Association. We must also remember that the strong opposition comes from the commercial interests such as the insurance companies who are now making a profit out of this work and will not relinquish their hold on this field without a fight. These people are in the long run more dangerous opponents than the doctors themselves.

Extension of present plans

Arguments are being heard even from members of the government that what is needed is an extension of existing commercial plans. We in organized labour are opposed to this proposition. Our position on this point was made clear to the Royal Commission on Health Services. We stated, as follows:

"Not only are present pre-payment plans limited in their extent of coverage, but they also have obvious shortcomings regarding the amount of actual medical care costs paid by these plans . . ."

"We reject the notion that the present inadequate patch-work of private agencies should be allowed to continue and become entrenched as quasi-public institutions, along with their unnecessary and costly duplication of administrative procedures, their disparities as to conditions of membership, range and quality of services, controls, etc."

Summary

Over the years the trade union movement in Canada, in common with organized labour everywhere, has been among the foremost advocates of comprehensive and universal health care programs. The immediate task before us is to find ways and means of making sure that such a program is implemented in Ontario with as little delay as possible.

The major points in this report are as follows:

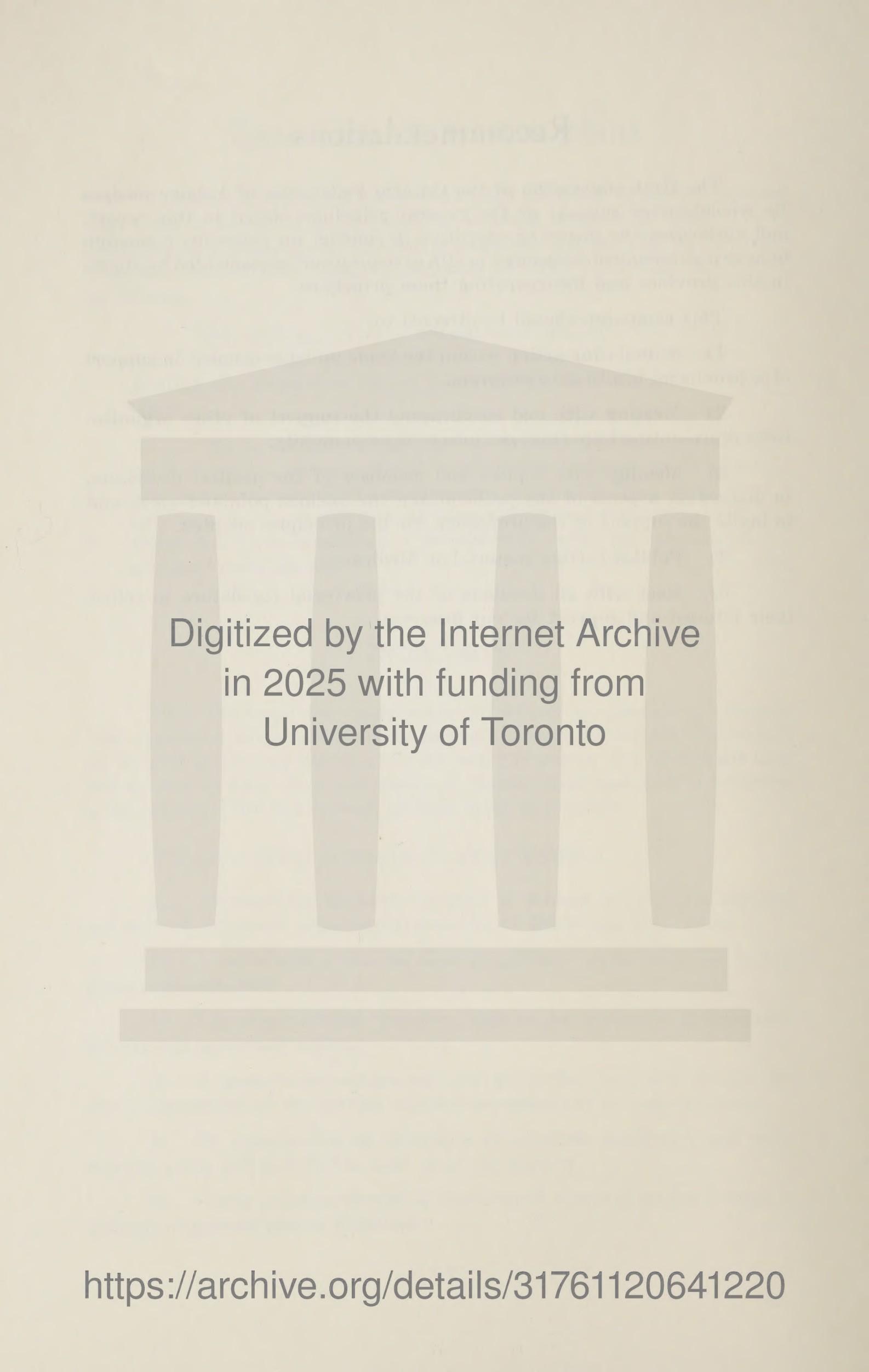
- 1) The need for an adequate plan is evident and has the support not only of the trade union movement but of the public as a whole.
- 2) A satisfactory federal plan is unlikely to be initiated by the present government.
- 3) The responsibility therefore falls to the provincial government to take the necessary action.
- 4) A government-sponsored and controlled program should improve the quality of the service without an untoward increase in costs.
- 5) No combination or extension of privately-controlled and commercial plans will satisfy the need in all its aspects.
- 6) Group practice should be encouraged now and assisted when a publicly-organized plan is launched.

Recommendations

The sixth convention of the Ontario Federation of Labour pledges its wholehearted support of the general principles stated in this report, and authorizes the incoming executive to conduct an extensive campaign to have a government-sponsored health care program implemented by stages in this province and incorporating these principles.

This campaign should be directed to:

- 1) Stimulating action within the trade union movement in support of a provincial health care program.
- 2) Meeting with and encouraging the support of other organizations representing important sections of the community.
- 3) Meeting with leaders and members of the medical profession to discuss all aspects of the problem and the various points-of-view, and to invite the support of the profession for the principles adopted.
- 4) Publish further material on Medicare.
- 5) Meet with all members of the provincial legislature to solicit their interest and support for our program.



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